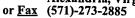
PART B - FEE(S) TRANSMITTAL

ind send this form, together with applicable fee(s), to: Mail

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	FC:1501 1400.00 OP FC:1504 300.00 OP FC:8001 39.00 OP				CONIC	<u> </u>	10 CHIAI CH	(Signature)		
				Date)						
	APPLICATION NO.	FILING DATE	F	IRST NAMED	INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
	09/851,410	05/07/2001		Gregory R	. Reves		4600-0183,26	2902		
	TITLE OF INVENTION: ENTERICALLY TRANSMITTED NON-A/NON-B HEPATITIS VIRAL AGENT AND CHARACTERISTIC EPITOPES THEREOF									
	APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE		
	nonprovisional	NO \$1400			\$300		\$1700	06/16/2006		
	EXAMINER		ART UNIT		CLASS-SUBCLASS	SUBCLASS				
	MOSHER, MARY		1648		424-189100		•			
	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 Peter Dehlinger Perkins Coie LLP						
	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
	The United Sates of America, as represented by Redwood City California									
	the Secretary of the Department of Health and Human Services and Genelabs Technologies, lease check the appropriate assignee category or categories (will not be printed on the patent):									
	*****			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.						
				Payment by credit card. Form PTO-2038 is attached.						
					The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2207 (enclose an extra copy of this form).					
	. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
	he Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in terest as shown by the records of the United States Patent and Trademark Office.									
	nterest as shown by the reco									
		ofina C. frusc	<u>Cii</u>		Date	Ju	ne 16, 2006			

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Reyes, et al.

APPLICATION NO.: 09/851,410

FILED: May 7, 2001

FOR: ENTERICALLY TRANSMITTED NON-A/NON-

B HEPATITIS VIRAL AGENT AND

CHARACTERISTIC EPITOPES THEREOF

EXAMINER: Mary Mosher

ART UNIT: 1648

CONF. No: 2902

Transmittal of Issue Fee and Advance Order

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance dated March 16, 2006, applicants herewith submit the following:

- - 1) Issue Fee (37 C.F.R. § 1.18(a)): \$1400
 - 2) Fee (\$39.00) for 13 advance copies of the printed patent (37 C.F.R. § 1.19(a)(1)(i))
 - 3) Publication Fee (\$300.00)
- ☑ Enclosed is a check for \$1739.00 to cover the fees.

Respectfully submitted,

Date: June 16, 2006

Gina C. Freschi

Registration No. 52,062

Correspondence Address:

Customer No. 22918